

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/15/2015
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NAME OF PROVIDER OR SUPPLIER WOODVIEW A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 EAST STATE BLVD FORT WAYNE, IN 46805
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00187519 and IN00188412.</p> <p>Complaint IN00187519 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00188412- Substantiated. Deficiency related to the allegations is cited at F156</p> <p>Survey dates: December 14, and 15, 2015</p> <p>Facility number : 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census bed type: SNF: 22 NF: 56 NCC: 2 Total: 80</p> <p>Census payor type: Medicare: 8 Medicaid: 39 Other: 33 Total: 80</p>	F 0000	<p>1. Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. We We respectfully request Paper Compliance on this plan of correction.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0156 SS=D Bldg. 00	<p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on December 16, 2015 by 17934.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p>				

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	<p>inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident</p>			

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	<p>abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to inform 2 of 3 residents reviewed of services not covered by Medicare in a sample of 3. (Resident #F and Resident #G)</p> <p>Findings include:</p> <p>1. Resident #F's record was reviewed 12-14-2015 at 2:33 PM. Resident #F's diagnoses included, but were not limited to, diabetes, high blood pressure, and heartburn.</p> <p>A review of the Admission Agreement signed by Resident #F dated 11-16-2015 indicated the room rate for private pay, but did not indicate the copay rate the resident would be charged after the initial 20 day full reimbursement.</p>	F 0156	<p>It is the policy of this facility to inform the residents before or at the time of admission, and periodically during their stay, of services available in the facility and of charges for these services including any charges for services not covered under Medicare or by the facility's per diem rate. This communication must be done in writing as well as orally.</p> <p>Residents #F and #G have had their medical benefits information as well as information regarding covered and not covered services including co-pay responsibilities explained to them. Any resident/responsible party for the resident who has a co-pay responsibility after the initial 20days of their stay has the potential to be affected by this finding. A 30 day" look back" audit was done. Any residents/responsible parties who had not had the required</p>	01/14/2016

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	<p>2. Resident #G's record was reviewed 12-14-2015 at 3:15 PM. Resident #G's diagnoses included, but were not limited to, high blood pressure, anemia and diabetes.</p> <p>A review of the Admission Agreement signed by Resident #G dated 12-12-2015 indicated the room rate for private pay, but did not indicate the copay rate the resident would be charged after the initial 20 day full reimbursement.</p> <p>In an interview on 12-15-2015 at 10:25 AM, the Administrator indicated the insurance policies spelled out what the resident was financially responsible for and it was the resident's responsibility to know what their insurance paid for and what it didn't. Further, the Administrator indicated there was no policy and no written notice given to the residents or responsible parties that spelled out their financial responsibilities.</p> <p>This Federal tag relates to complaint IN00188412.</p> <p>3.1-4(f)(3)</p>		<p>information provided to them in regards to services and charges have had that information provided both in writing and orally. Going forward, the Administrator and/or designee will monitor admissions to confirm that all explanations are reviewed with the resident/responsible party of the resident in regards to medical benefits, covered and non-covered services and charges as well as co-pay responsibilities after the first 20 days of stay. This will be accomplished by including this information in the admission packet. An admission packet checklist will be used during the completion of the admission packet with the resident/responsible party to ensure admission agreement and financial information has been reviewed with resident and/or responsible party. This process will be ongoing. Further, the Administrator or designee will review completed admission packets weekly to see that the aforementioned information was properly provided. This monitoring will continue for at least 6 months to ensure ongoing compliance. Afterwards, random monitoring will occur. The Business Office Manager/Admission staff have been re-educated as to the necessity of informing the resident and/or the responsible party of all components on the</p>		

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			admission checklist including the information related to services provided, covered and non-covered services, charges, as well as co-pay responsibility as appropriate. This will be documented. Any staff who fail to comply with this practice will be further educated and/or progressively disciplined as indicated. At the monthly Quality Assurance meetings the reviews of admissions by the Administrator will be reviewed. Any patterns will be identified. An Action Plan will be written by the QA Committee if indicated, however any concerns will have been addressed as discovered during the monitoring by the Administrator.		